

LIBERTY CHRISTIAN SCHOOL SUMMER CARE REGISTRATION



*"Where the Spirit of the Lord is, there is liberty."
II Corinthians 3:17*

A \$100 DEPOSIT IS REQUIRED WITH THIS REGISTRATION.
This will be applied to the first month's summer care fee.

STUDENT INFORMATION

STUDENT'S LEGAL NAME _____
Last First Middle Nickname

STUDENT'S ADDRESS _____
Street, P.O. Box, or Apt. # City State Zip

TELEPHONE _____ DATE OF BIRTH _____ AGE _____ GENDER _____
 LISTED UNLISTED

GRADE COMPLETED IN 2010-2011: _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME _____ WORK PLACE _____
FATHER'S WORK PHONE # _____ OCCUPATION _____
E-MAIL ADDRESS _____ CELL/PAGER# _____

MOTHER'S NAME _____ WORK PLACE _____
MOTHER'S WORK PHONE # _____ OCCUPATION _____
E-MAIL ADDRESS _____ CELL/PAGER # _____

SECURITY

All students are required to have a 4-digit dismissal security code. If anyone other than the parent picks the student up, they must know the security code. (Multiple children in one family may have the same code.)

Please complete: SECURITY CODE _____ (ANY 4 DIGIT # OF YOUR CHOICE)

Does the school have your permission to post pictures of your child (group or individual) on our school website or other promotional material?

- YES, I give LCS permission to post photos of my child (group or individual) on our school website or other promotional material.
 No, my child's photo may NOT be posted (group or individual) on our school website or other promotional material.

Signature of Custodial Parent/Legal Guardian _____ Date _____

FOR FAMILIES NEW TO LCS:

How did you become interested in LCS? Friend Pastor Relative Advertisement Other

Why do you wish to send your child to Liberty Christian School? _____

Describe your child's interests, talents, and abilities: _____

School last attended and/or enrolled _____ Grade _____

School address _____

Has the student ever been Suspended? ___ Expelled? ___ Asked to Withdraw? ___ *If yes, please explain with details on an attached sheet of paper.

FAMILY BACKGROUND

What is the family status in your home?

Married Divorced Single Parent Living With Guardian

If divorced, who has custody for decision making? Joint Father Mother

(A copy of the custodial documentation is required for enrollment.)

If there are other children in your family, please complete the following:

Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____

SPIRITUAL BACKGROUND

Name of church your family/student attends _____

Pastor's name _____

What is the frequency of your family's attendance: Weekly Frequently Infrequently

PLEASE RESPOND TO THE FOLLOWING QUESTION FOR EACH INDIVIDUAL BELOW:

Has there been a time in your life when you have realized your need of Jesus and accepted Him as your personal Savior?

Child: Yes No Uncertain Not Ready Yet

Father: Yes No Uncertain Not Ready Yet

Mother: Yes No Uncertain Not Ready Yet

SUMMER CARE EMERGENCY MEDICAL FORM

Liberty Christian Elementary School
2025 Hillcrest Drive, Anderson, IN 46012
(765) 644-7773, (765) 644-7778 (fax)



www.libertyonline.org

Please print when completing this form.

STUDENT NAME _____ GRADE _____

DOCTOR _____ PHONE _____

LIST MEDICAL CONDITIONS, ALLERGIES, AND PRESCRIPTION MEDICATIONS _____

EMERGENCY CONTACT LIST

In the event of an accident, illness, or emergency, the parent or legal guardian will be the first contact.
Please list two additional emergency contacts in the event the parent/guardian cannot be reached.

EMERGENCY PHONE #1 _____ NAME/RELATIONSHIP TO STUDENT _____

EMERGENCY PHONE #2 _____ NAME/RELATIONSHIP TO STUDENT _____

EMERGENCY RELEASE LIST

Please list the names of those you give permission for your child to be released to in the event of an emergency.

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

MEDICAL RELEASE: I give permission for my child to take part in all regular summer care activities. I fully support the leadership of Liberty Christian School and do waive Liberty Christian School, Anderson, IN, and its employees, boards, and volunteers of all liability. I hereby give Liberty Christian School, its employees, and/or any hospital personnel, permission to do what they deem necessary for my child's well being in the case of any emergency that might arise while he/she is at the school or participating in any school related function. I authorize any transportation to or treatment deemed necessary by an accredited hospital and/or physician for my child in case of an emergency.

Signature of Custodial Parent/Guardian: _____ Date _____

SUMMER CARE RESERVATION & FEE PAYMENT FORM

Liberty Christian Elementary School
2025 Hillcrest Drive, Anderson, IN 46012
(765) 644-7773, (765) 644-7778 (fax)



www.libertyonline.org

STUDENT NAME _____ GRADE _____
NAME OF PERSON RESPONSIBLE FOR PAYMENT _____ PHONE _____
SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT _____

PAYMENT INFORMATION

- A \$100 Deposit is due at the time of registration. This will be applied to the first month's payment.
- Monthly reservation and payment is due by the first day of the month.
- The daily fee for summer care is \$20.00 per day regardless of the hours the child attends. The dates the child is attending must be marked on the attached calendar reservation form. Payment for all of the days in the month is due by the 1st of the month. Refunds cannot be given.
- A \$50 discount is applied if full payment for the summer is made by June 1. Child must attend a minimum of 40 days to receive the discount.
- Checks are to be made to Liberty Christian School.
- If you are interested in having your payment made through FACTS Tuition Management, please contact the Liberty Christian School Business Office at 644-7774, ext. 640.
- The daily fee covers program expenses and a daily snack. Lunch is not included. Children need to bring a sack lunch. Special events and field trips may incur an additional fee.

Student Name: _____

JUNE 2011					
Please X the dates your child will attend					
Monday	Tuesday	Wednesday	Thursday	Friday	Amount Due
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	\$_____
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	\$_____
<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	\$_____
<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30		\$_____
TOTAL Due for June Due June 1					\$_____

JULY 2011					
Please X the dates your child will attend					
Monday	Tuesday	Wednesday	Thursday	Friday	Amount Due
				<input type="checkbox"/> 1	\$_____
4th Holiday	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	\$_____
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	\$_____
<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	\$_____
<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	\$_____
TOTAL Due for July Due July 1					\$_____

AUGUST 2011					
Please X the dates your child will attend					
Monday	Tuesday	Wednesday	Thursday	Friday	Amount Due
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	\$_____
<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	\$_____
<input type="checkbox"/> 15	<input type="checkbox"/> 16				\$_____
TOTAL Due for August Due Aug. 1					\$_____

Tuition Payment for Entire Summer:	
(Minimum of 40 days must be reserved to be eligible for \$50 discount)	

Total Due for June	_____
Total Due for July	_____
Total Due for Aug	_____
Discount	<u>-\$50.00</u>
Total Amount Due	_____

For Office Use Only:	
Total Amount Paid	_____
Check # _____	Date _____
Received by _____	